



Division of Laboratory Services  
630 Hart Lane  
Nashville, TN 37216  
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

**Disease/Agent Suspected or Test Requested:**

**Cytomegalovirus (CMV) Culture**

<b>Provider Requirements</b>	
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	<ul style="list-style-type: none"><li>• Urine</li><li>• Throat swab</li><li>• Buffy coat</li><li>• Lung tissue or lung aspirate</li><li>• Rectal swab</li><li>• Saliva</li><li>• Nasopharyngeal aspirate or swab</li><li>• Bronchial lavage</li><li>• Bronchial wash</li></ul>
<b>TDH Requisition Form Number</b>	<a href="#">PH-4182</a>
<b>Media Requirements</b>	Viral Transport Media
<b>Special Instructions</b>	<ul style="list-style-type: none"><li>• <b>Order Viral Culture,</b></li><li>• <b>Label specimen CMV.</b></li></ul>
<b>Shipping Instructions</b>	<ul style="list-style-type: none"><li>• Ship <b>COLD</b> on cold packs</li><li>• Ship on dry ice <i>if already frozen</i></li></ul>
<b>Laboratory Section Performing Testing</b>	Virology
<b>Lab Location(s) Performing Test</b>	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).